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AUTHOR Banning, Anne
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ABSTRACT

This review of studies on clinical and nonclinical populations explores outcomes of adoption and developmental issues for adolescents, and in particular, developmental problems for adopted adolescents. Studies on nonclinical populations demonstrate that adoption is a highly successful form of substitute care. Prospective longitudinal studies show that adopted adolescents compare favorably with the general population in terms of social adjustment and educational achievement. By contrast, "illegitimate" adolescents who are reared by their biological mothers show a significant degree of social maladjustment and school failure. Adopted adolescents are over-represented in clinical settings, and some have been demonstrated to have severe disturbances. Adoption is an acknowledged stressor and can significantly add to the problems of a vulnerable family. This is particularly so if the parents have not resolved their conflicts over their own infertility. Adopted adolescents are not invariably liable to have identity problems. But the fact that unresolved identity problems in adolescence can persist is shown in studies on adult adoptees who seek to discover their origins. (RH)

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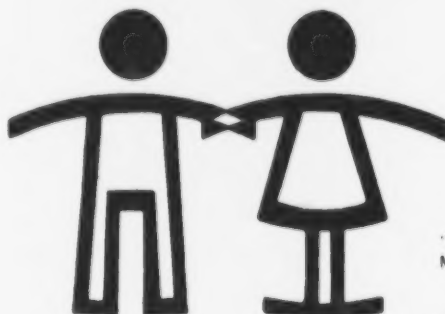
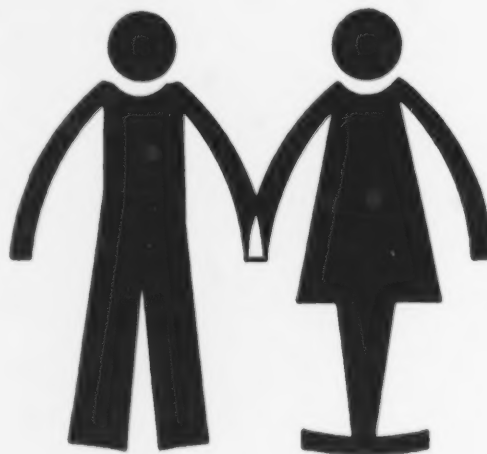
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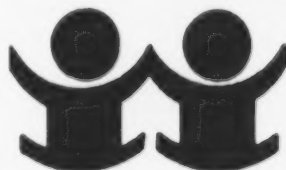
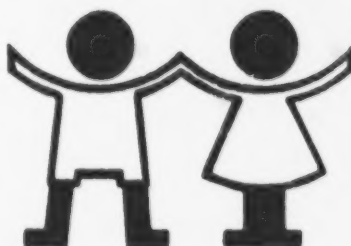
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THE ADOPTED ADOLESCENT

Dr. Anne Banning

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THE ADOPTED ADOLESCENT

Dr. Anne Banning

*Director,
Child and Family Psychiatry Department,
Royal North Shore Hospital*

Adoption has long been considered a significant stressor for both children and their parents, and problems are particularly likely to develop in adolescence. The research on adopted adolescents shows widely divergent results, depending on whether the studies are looking at clinical or non-clinical populations. This paper looks at developmental issues for adolescents and specifically developmental problems for adopted adolescents which are based on clinical populations. It also looks at the outcomes indicated by studies based on non-clinical populations of adopted and non-adopted adolescents, and young adult adoptees who are searching for their origins.

Adoption undoubtedly has its own inheritant stressors. Eisen (1979), in a review article of children under stress, includes adoption as a stressor, but adds that this is not invariably so, nor is it a single factor but one of a number of interacting factors. One such stressor may be legal proceedings where the adoptive parents are subject to legal and welfare scrutiny subsequent to the child's placement. Other stressors can be the adoptive parents' difficulties in accepting their infertility, or accepting their adoptive child's illegitimacy. Such children are most likely to be stressed in adolescence when they need to integrate into their own developing identity, the identities of two sets of parents: the biological and the adoptive.

STUDIES ON CLINICAL POPULATIONS

The clinical literature emphasises that there is an over-representation of adopted children and adolescents who are referred to both out-patient clinics and in-patient psychiatric hospitals. Although estimates vary quite markedly, the overall use of child and adolescent psychiatric services by adoptees is two to five times the expected rate (Simon and Senturia, 1966; Tec and Gordon, 1967; Bohman, 1971 and Rickarby and Egan, 1980).

The adopted children in these clinical settings have been studied intensively, but there is some variation in the findings. Some studies find that the adoptees are more seriously disturbed and present more frequently with acting out behaviours of an aggressive or sexual nature, or exhibit more personality problems, than do the non-adopted children and adolescents (Simon and Senturia, 1966;

Tec and Gordon, 1967; Rickarby, et al, 1981). Other studies find no such differences (Schechter, 1960; Weiss, 1985). Weiss, in an inpatient adolescent setting, found that, contrary to their expectations, the adoptees were no more likely than non-adoptees to have been diagnosed as suffering personality disorders or to have been admitted for anti-social behaviour. However the parent-child relationships were more problematic among hospitalised adopted, as compared with hospitalised non-adopted, adolescents (1984 and 1985).

One of the more typical characteristics of adoptees is embraced by the term "adopted syndrome" (Tec and Gordon, 1967) and has been used to describe adopted children who are preoccupied with the theme of their adoption, particularly in adolescence. The clinical features associated with this syndrome are feelings of abandonment and loss, alienation, difficulties in resolution of the oedipal complex, intensification of the "family romance" (described later) and poor impulse control.

Other common characteristics are outlined by Mackie (1982) who, in a clinical setting, looks at the problems facing adolescents from a psychodynamic, developmental perspective. The majority of the adolescents who came to his clinic described their childhood as trouble free. However, by the time they reached adolescence, particular developmental difficulties of that stage were of concern.

Briefly, the developmental tasks for all adolescents may be summarised as the formation of a secure, stable identity, (including a sexual identity), the acquisition of self-control and taking responsibility for one's action, the development of a stable set of morals, values and ideals, and achieving independence from the family. For parents of adolescents there are the same issues of sexuality, authority and control, and finally separation and loss, mirroring the struggles of the adolescent. Parents have to resolve their own issues in order to allow the adolescent to accomplish his/her developmental tasks.

For the adopted adolescent, and the adoptive parents, the tasks are identical, but the resolution may be more difficult because of the inherent stresses of adoption. I shall look first at the parental issues, then at the adolescent issues.

PARENTAL ISSUES

First, lack of knowledge of the background of the biological parents offers a fertile ground for fantasies of both parents and children. If problems develop, parents can blame the biological parents and the "bad blood" of the child.

Secondly, for parents there is the critical issue of how well or badly they have resolved their own infertility. The discovery of infertility can be a narcissistic blow to parents who need to grieve the loss. The couple have lost the ideal of themselves as biological parents, and the infertile partner may have a damaged body image

as a result. For successful adoptive parenting these issues have to be resolved. The resolution may be complete or incomplete and is particularly liable to be tested during the adolescence of their adoptive children.

For adolescents, sexuality is a major preoccupation based on biological changes and the feelings that accompany these changes. For the parents of adolescents on the other hand, it may be a time of coming to terms with a decline of their own potency and fertility. Conflicts around the issue of infertility are more likely to occur in those parents whose sexual identities are insecure and for whom the inability to procreate is equated with an inadequate sexual self-image. The parent of an adolescent may get vicarious gratification from his/her adolescent's emerging sexuality. For the parent of an adopted adolescent, the sexuality of the adolescent can never be a confirmation of his/her sexual identity, but a constant reminder of what is not possible.

For it to be successful, the adolescent's movement towards independence and separation needs the support of his or her parents. Yet for adoptive parents with unresolved conflicts, the adolescent's struggle for independence can be seen as a rejection. The parents misperceive the adolescent's normal developmental striving either as a personal failure of themselves as parents or as ingratitude on the part of their children. On the other hand, this task of separation may be easier for adoptive parents, who have successfully resolved the issues of adoption, than for natural parents who more readily identify with and project their own ideals onto their biological children and thus may find it more difficult to separate from them.

ADOLESCENT ISSUES

As indicated earlier, the core developmental task for the adolescent is the formation of a stable identity. This involves a sense of the self which has continuity and sameness, and has psychological, biological, sexual and social components which are integrated and expressed consistently. Preliminary groundwork in pre-school and primary years involves identification with parents. Disturbed adolescents have problems with the development of an identity, are confused about their knowledge of themselves and have probably received ambivalent, even hostile, messages about themselves since childhood.

As well as the normal developmental tasks adopted adolescents have the difficult task of integrating two sets of parents into the formation of their identity and Triseliotis (1973), in his study of adoptees searching for information about their biological parents, emphasized that the adoptees need to know about their origins in order to "complete" themselves. During primary school years these adoptees accepted the fact of their adoption but in adolescence they had identity problems. Sants (1964) used the term "genealogical bewilderment" to describe a state of confusion and uncertainty, developing usually in adolescence as a result of no knowledge or very uncertain knowledge of the biological parents. Some adolescents become obsessed about their genealogical past.

The sense of belonging to a family is known as a "family identity". This is handed down through the generations and involves the passing on of a family history which is a mixture of fact, fantasy, legends and myths. Such knowledge provides a sense of continuity and belonging. For the adopted adolescent there is no such comfort, and there can be a sense of loss. The adopted adolescent must come to terms with this aspect of family life, and this will depend to a great deal on the adoptive family's functioning and integration.

The lack of a sense of family identity gives rise to the adolescent's fantasies about idealised parents. This was described by Freud as the "family romance" (1909). Freud referred to the fact that frequently normal children believe at some stage (usually 7 - 8 years) that they do not belong to their parents, but to some exalted, idealised person. The romance is lost as children learn about the fallibility and faults of parents whom, in earlier years, they had seen as perfect.

In the adopted child, with a second set of parents, the "family romance" or fantasy about ideal parents is more likely to persist. Alternatively, the adolescent may form a very denigrated view of his/her family. In either case adopted adolescents may split their two sets of parents into one good and one bad; consequently they have problems developing an integrated identity with both positive and negative aspects.

Triseliotis (1973) also found that the adopted adolescents wanted to know that their biological parents had wanted them and that they had not been rejected out of a lack of love. With the onset of adolescence and greater cognitive understanding of the meaning of adoption, the adopted adolescent's awareness of being unwanted at birth can be a narcissistic blow (like the parent's awareness of his/her infertility).

Thus the developmental task of independence and eventual separation from the parents is more difficult for the adopted adolescent. The adolescent who felt he or she was abandoned at birth might find it more difficult to leave a second set of parents. This fear is usually unconscious and coped with by attempting to separate prematurely; particularly if the relationship with the adoptive parents is an ambivalent one. Threats of running away to find the real parents can occur. Such threats can be particularly painful for the adoptive parents who may react with hostility and rejection thereby reinforcing the problem. It is important that adoptive parents do not see interest in the biological parents as a rejection of themselves.

These kinds of problems in forming a stable identity can lead to acting out. Mackie (1982) described adopted adolescents who took on the fantasied negative identities of their parents, on the grounds that it was better to have a negative identity than no identity. There was a need to act out with the adoptive parents, to test out whether they would again be abandoned if they were "bad" enough. The parents naturally felt hurt and rejected and reacted with hostility. Such a reaction, if fact, escalated the issue and reinforced the adolescent's behaviour.

In some cases sexuality may provide the "answer" for the acting out of adolescents, particularly if the adoptive parents are struggling with their own feelings of sexual inadequacy, guilt and repressed hostility. The adopted adolescent may identify with the "bad" biological mother who is seen in fantasy as promiscuous. The sexual acting out can provide the adolescent with a negative identification with the biological parent, as well as providing physical closeness. For a girl, becoming pregnant can establish an identity as a mother, an achievement her adoptive mother was never able to accomplish.

STUDIES ON NON-CLINICAL POPULATIONS

Not all adolescents have problems and not all adolescents rebel. Similarly not all adopted adolescents have problems, nor are they all preoccupied with their adopted state. It is only a minority and often a very disturbed minority, who come to the attention of clinicians. The research on non-clinical populations highlights these findings. There are two groups of studies - the first comprise prospective and cross sectional studies comparing adopted and non-adopted children and adolescents. The second comprise research on young adult adoptees who are searching through an agency for their origins.

Two large prospective long term studies on adoption, in Sweden and Britain, generally support adoption as a highly successful form of substitute care for those children whose parents are unable or unwilling to care for them. In one of these, Bohman et al (1980) in a prospective, longitudinal study followed up a cohort of 624 children who, as infants, were candidates for adoption. Only (28%) of these children were actually adopted, (35%) were fostered and the remainder (37%) were reared by their biological mothers, a reversal of their original decision to adopt. The children were examined at the ages of 11 and 15, using randomly chosen classmates of the same age and sex as controls.

At the age of 11 years all the children, irrespective of placement in adoptive, foster, or biological homes, were found to be more maladjusted than the control groups. However, by the age of 15 the adopted children had adapted to their situation and were as well adjusted as the general population. By contrast, children reared by their mothers (who had originally wanted to adopt them) were found to have a considerable degree of maladjustment and school failure. The same was true of the foster children who, due to indecision of their mothers, or the social agency, were not adopted.

The other large longitudinal study which I've described elsewhere (Banning, 1981), was conducted by the National Children's Bureau (1972). Their findings were similar to the above. The adopted children did as well or better educationally than a control group and there was no difference in social adjustment. On the other hand the illegitimate children who remained with their biological mothers showed a high degree of maladjustment.

Yet another cross sectional study (Norvell & Guy, 1977) was done on older adolescents comparing self concept in adopted and non-adopted adolescents. They examined college students aged 18 to 25, and found no difference in self concept between adopted and non-adopted subjects. They had hypothesized the reverse.

I now turn to the literature on adult adoptees who seek out adoption agencies for information about their origins. This is obviously a biased sample of the population of adult adoptees, but they are a non-clinical population; they have been extensively studied and they shed some light on the enduring problems of adoption for some adoptees.

Triseliotis (1973) interviewed 70 Scottish adoptees, Sorosky, Baran and Pannor (1974/75) reported on 50 Californian adoptees and Kowal and Schilling (1985) working in Ohio surveyed 110 adult adoptees. Only a very small proportion of adoptees sought out their birth records in those countries where the adoption laws have been changed to make this possible. This ranged from 2-3% in Scotland to 9-12% in Finland (Kraus 1982). All these studies, despite geographical and cultural differences, yielded very similar conclusions. The adoptees seeking information were predominantly female (over 70%) and reported late or traumatic revelations of adoption. They had little knowledge of their biological parents and tended to be dissatisfied with their adoptive parents. Frequently there were precipitants to the need to search major life changes, as for example marriage, pregnancy, birth of a child or death of the adoptive parent.

Kowal (1985) reported that a substantial proportion of the adoptees had ongoing, persistent fantasies about their biological relatives were significantly more likely to recall a high pre-occupation with fantasies during both childhood and adolescents than were those subjects who merely sought background information. The increase of their fantasies at adolescence was paralleled by a deterioration in the quality of the relationship with the adoptive parents.

As might be expected, Triseliotis (1973) found that the more negative the adoptee's perception of his/her adoptive family relationships the more likely it was that he/she would be seeking, not only information about the biological parents, but the possibility of reunion with them.

The kind of information they were seeking could be categorised in three groups. The most common were those who wanted to "find their origin". This was commonly related to a search for self-identity with statements such as "to fill a void, to complete themselves, self-understanding" (Kraus, 1982). The next more frequently reported reason was the desire to locate the biological parents. This was not synonymous with the desire for a reunion because most of the adoptees wanted to meet them anonymously. Finally the smallest group comprised pragmatic reasons such as wanting to know a medical history or whether there was any hereditary illness in the biological parent(s).

CONCLUSION

Studies on non-clinical populations demonstrate that adoption is a highly successful form of substitute care. Prospective longitudinal studies show that adopted adolescents compare favourably with the general population in terms of social adjustment and educational achievement. By contrast "illegitimate" adolescents who were reared by their biological mothers showed a significant degree of social maladjustment and school failure.

Adopted adolescents are over-represented in clinical settings, and some have been demonstrated to have severe disturbance. Adoption is an acknowledged stressor and can significantly add to the problems of a vulnerable family. This is particularly so if the parents have not resolved their conflicts over their own infertility. While many adopted adolescents may be liable to have increased identity problems, this is not invariably the case.

That unresolved identity problems in adolescence can persist, was shown in the studies on adult adoptees who are seeking their origins. This was a biased group of adult adoptees, although a non-clinical one. The group shared many common characteristics including a greater dissatisfaction with the adoption experience.

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